DATENT ADDI IO ATION TOTAL CONTROL TO THE								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							RD	09 /47160					
<u> </u>		CLAIMS AS	S FILED - PART I (Column 1) (Colu			ımn 2)			ENTITY	OR	OTHER		
TOTAL CLAIMS			32					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FI	EE 355.00	OR			
TOTAL CHARGEABLE CLAIMS			3し minus 20=		. 19			X\$ 9=	<del>                                     </del>	OR	1/2/2	218.00	
INDEPENDENT CLAIMS			3 minus 3 =		· 0 、		Ī	X40=		OR	X80=	A-10 -	
MULTIPLE DEPENDENT CLAIM P			RESENT						┪				
* If the difference in column 1 is			less than zero, enter "0" in column 2				L	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	926-00		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	> HME	Minus	·Qu	W.	=		X\$ 9=		OR	X\$18=		
AM	Independent	NTATION OF MI	Minus	··· )	J	<u> </u>		X40=		OR	X80≃		
-	rinoi raese	NIATION OF IVE	JLI IPLE DEF	'ENDEN!	CLAIM			+135=		OR	+270=		
							_ A	TOTA		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							(UU:1, 1- L	c		AUUH, FEE:		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAŢE	ADDI- TIONAL FEE	
Š	Total	•	Minus	••		= .		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=		X40=	<del>                                     </del>		X80≈		
	FIRST PRESE	FIRST PRESENTATION OF MU		LTIPLE DEPENDENT		CLAIM			<del> </del>	OR			
			•		•		L	+135=		OR	+270=		
							A	DDIT. FEI		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVICE PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=	-		+	Or.			
Ľ	FIRST PRESE	JLTIPLE DEP	ENDENT	CLAIM		┞	X40=		OR	X80=			
•	If the entry in colur	nn 1 is less than th	e entry in colu	mn 2. write	"0" in col	umn 3.	L	+135=		OR	+270=		
•••	If the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Paid	aid For IN THIS aid For IN THIS	S SPACE is S SPACE is	s less thar s less thar	n 20, enter "20." n 3. enter "3."	AL	TOTAL DOIT. FEE			TOTAL ADDIT. FEE		

FORM PTO-875 (Rev. 8/00)

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